

[REDACTED]

SOCIAL SECURITY NUMBER

04/29/76
DATE OF BIRTH

DATE OF BIRTH

264 588 082 / NYS

DRIVER'S LICENSE # / STATE

DATE OF HIRE 7/7/08

42k + Overtime
RATE OF PAY/FULL TIME/PART TIME

630 - Route Sales Driver

EMPLOYEE	MGR	SENT TO
INITIAL	INITIAL	CORPORATE

[illegible]

EMPLOYMENT AGREEMENT

INSURANCE ENROLLMENT FORM:

A. WANTS COVERAGE

B. DECLINES COVERAGE

LONG TERM DISABILITY FORM

1-9 IMMIGRATION FORM

EMPLOYEE INFO SHEET

SIGN PAGE FROM EMP MANUAL

SAVINGS FORM

DIRECT DEPOSIT AUTH. FORM

BENEFIT ENHANCER FORM

DMV AUTHORIZATION

STATEMENT OF AWARENESS

THIS STATEMENT OF AWARENESS SHOULD BE READ CAREFULLY BEFORE SIGNING

I have read and fully understand the rules and policies described in this handbook and I understand that they may be changed by the Company at any time without prior notice to me. I understand that any changes in the rules and policies will be in writing. I understand that any violation or deviation from the Company's rules and policies by me is a serious matter and may result in disciplinary action, including discharge. I agree to conform to the rules and policies of the Company.

I understand that, although certain of the Company's rules and policies specifically provide for discharge in the event of violation, the circumstances under which I may be discharged are not limited to failure to comply with those or any other rules or policies contained in this handbook. I understand that my employment by the Company can be terminated with or without cause and with or without notice, at any time, at my option or at the option of the Company. I understand that no manager or representative of the Company other than its Chief Executive officer has any authority to enter into any agreement with me for employment not covered in the provisions of this Statement of Awareness. I understand that no manager or representative of the Company other than the Chief Executive Officer (or such persons as might be designed) has any authority to alter or amend the Company's rules and policies. I understand that no rule or policy can be changed orally and that all changes, if any, must be in writing.

Paul Argento
(Name)

6/18/08
(Date)

Paul Argento
(Signature)

BR 630
(Location and Department)



Corrective Action Form

Employee Name: Paul Argento

Date of Warning: 5-11-09

Branch_630

Type of Violation (circle) Attendance Safety Dishonesty/Theft Carelessness Tardiness
Insubordination Work Quality Drug/Alcohol

Violation Date: 5/4-5/8/09 Violation Time: Place:

Company Statement:

Paul took 6 unexcused days off, from 4-23-09 & 5/4/09 thru 5/8/09. Although the company understands Paul's need for those days off Paul still was responsible for knowing the company's policy and his available time.

Employee Statement:

☒ I agree with Statement
☐ I disagree with Statement for the following reasons:

Employee Signature: _____

Date: _____

Warning Decision

Paul must understand that this is a final written warning. Any further unexcused absences will lead to suspension or termination.

Approved by: S.Villanueva

Title: Branch Mgr

Date: 5-11-09

Previous Warnings:

Date: N/A
V/W

Date: N/A
V/W

I have read this "warning decision" and understand it.

Employee Signature _____ Date

Supervisor's Signature _____ Date 5.11.09

Follow-Up Date: _____



Corrective Action Form

Employee Name **Paul Argento**Date of Warning: **2-3-09**Branch **630**

Type of Violation (circle) Attendance Safety Dishonesty/Theft Carelessness Tardiness
 Insubordination Work Quality Drug/Alcohol

Violation Date: **2-2-09** Violation Time: **3:30pm** Place: Nextel

Company Statement:

The office manager gave Paul a service call about 3:30 pm. Paul then began to curse and badger the office manger as to why he was given a service call so late in the day and wanted her to call me to remove it from him. Paul's shift is from 8:00am -5:00pm. He has been warned with the other drivers that part of his job requirements is to perform service calls during the course of the day. This is not the first time Paul has questioned me about being given a service call and acted unprofessionally by cursing and badgering the office manager.

Employee Statement:

☐ I agree with Statement
☐ I disagree with Statement for the following reasons:

Employee Signature: _____
 Date: _____

Warning Decision

The attempt to antagonize or badger any employee in this branch will not be tolerated. All drivers will be given service calls during the course of the day with the intent to service the customer first & secondly with the desire to get the closest person assigned to the call.

Approved by: *J. Villanueva*

Title: Branch Mgr

Date: 2-3-09

Previous Warnings:

Date: _____
 V/W _____

Date: _____
 V/W _____

I have read this "warning decision" and understand it.

Paul Argento **2/3/09**
 Employee Signature Date

[Signature] **2/3/09**
 Supervisor's Signature Date

Follow-Up Date: _____